

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name AMERICA Chuck Middleton
Full Address P.O. Box 685 1075 Magnolia Ln. Port Gibson MS 39150
Telephone (601) 529-9928 Fax (601) 437-8502
Contact Name AMERICA Middleton Email amiddleton@house.ms.gov
Office Sought House of Rep Dist #85 Political Party Democratic

RECEIVED
JAN 28 2010

Secretary of State
Capitol Office
DATESTAMP

☐ Check here if above is different from previous report

TYPE OF REPORT



January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 400 + \$	\$ 3900	\$ 3900
Total amount of disbursements	\$ + \$	\$	\$ 3900
Total amount of cash on hand		\$ - 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Amelia D. Middleton
Signature of Candidate

1-28-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee AMERICA'S CHECK M. H. H. H. Page 1 of 2
 Reporting period JAN 1, 2009 through DEC 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MISSISSIPPI PAC</u>	<u>1</u> / <u>1</u> / <u></u>	\$ <u>400</u>
Mailing Address <u>175 E. CAPITAL ST. LAND MARK CTR RM 703</u>	<u>1</u> / <u>1</u> / <u></u>	\$
City, State, Zip Code <u>JACKSON MS. 39201</u>	<u>1</u> / <u>1</u> / <u></u>	\$
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u></u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400</u>

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1</u> / <u>1</u> / <u></u>	\$
Mailing Address _____	<u>1</u> / <u>1</u> / <u></u>	\$
City, State, Zip Code _____	<u>1</u> / <u>1</u> / <u></u>	\$
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u></u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1</u> / <u>1</u> / <u></u>	\$
Mailing Address _____	<u>1</u> / <u>1</u> / <u></u>	\$
City, State, Zip Code _____	<u>1</u> / <u>1</u> / <u></u>	\$
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u></u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1</u> / <u>1</u> / <u></u>	\$
Mailing Address _____	<u>1</u> / <u>1</u> / <u></u>	\$
City, State, Zip Code _____	<u>1</u> / <u>1</u> / <u></u>	\$
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u></u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee

AMERICA "Chuck" Middleton

Reporting period JAN 1 2009

through Dec 31 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Church - Community - Youth Organization</u>	<u>1/1/</u>	\$ <u>2000⁰⁰</u>
Mailing Address		
<u>Port Gibson Ms</u>	<u>1/1/</u>	\$
City, State, Zip Code		
<u>Port Gibson Ms 39150</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2000⁰⁰</u>
<u>Contributions to AREA Organizations</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pay-Off Campaign Dept</u>	<u>1/1/</u>	\$ <u>1900⁰⁰</u>
Mailing Address		
<u>Port Gibson Ms</u>	<u>1/1/</u>	\$
City, State, Zip Code		
<u>Port Gibson Ms</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1900⁰⁰</u>
<u>Campaign Dept</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/</u>	\$
Mailing Address		
	<u>1/1/</u>	\$
City, State, Zip Code		
	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/</u>	\$
Mailing Address		
	<u>1/1/</u>	\$
City, State, Zip Code		
	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/</u>	\$
Mailing Address		
	<u>1/1/</u>	\$
City, State, Zip Code		
	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/</u>	\$
Mailing Address		
	<u>1/1/</u>	\$
City, State, Zip Code		
	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Robert E Haddleston
Full Address P.O. Box 426 Sumner MS
Telephone 662-375-4481 Fax _____
Contact Name Robert Haddleston Email _____
Office Sought State Rep. 30 Political Party Democratic

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Total amount of disbursements	\$ <u>400</u> + \$	\$	\$
Total amount of cash on hand	<u>0</u>	\$ <u>0</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Robert E. Haddleston
Signature of Candidate

1-28-10
Date

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